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THE STANDARDIZATION AND CONTROL OF THE BUBBLE FOUNTAIN.

With the almost universal condemnation of the common drinking cup has come a very general acceptance of the so-called bubble fountain as a substitute. It is somewhat disquieting, therefore, to find an epidemic of streptococcus tonsillitis traced to infected bubble fountains, and to learn that over fifty per cent. of all the bubble fountains in the institution where this outbreak occurred showed the presence of streptococci, varying from a few chains in some fountains to an almost pure culture in others.* And one's faith in the bubble fountain as an agency of hygiene will not be strengthened by learning that *B. prodigiosus* introduced either by means of a pipette or by the moistened lips into an experimental bubble fountain remained in the water from 2 to 135 minutes.

These observations, however, merely serve to bring home what should long ago have been patent to even the most superficial observer, and that is the necessity for official standards of construction and performance for bubble fountains. The designs of the fountains now on the market, and the principles governing their construction and operation, have been limited only by the ideas of their designers and manufacturers, although clearly the very laws and regulations that have driven out the common drinking cup should have prevented the introduction of a substitute even more dangerous. The investigators of the institutional epidemic of streptococcus tonsillitis referred to above, which they traced to the bubble fountains on the premises, claim that the danger in such devices lies to a certain extent in the delivery of the water in a vertical column and that such

*The Bacteriology of the Bubble Fountain, by Pettibone, Bogart, and Clark, *Journal of Bacteriology*, September, 1916, page 471.

danger can be avoided by delivering the stream at an angle, say 50 degrees, from vertical. If their observations in this respect be verified, an easy means of avoiding danger is apparently already available. But in any event there should be a speedy examination of the bubble fountains now in use or on sale and prompt action taken to prevent the use and sale of such as are liable to spread disease.

TWO NEW SERVICES.

It is with pleasure that the secretary of the American Public Health Association draws attention to the creation of a Health Information Bureau for the use of members of the Association and subscribers to the JOURNAL. A notice to this effect has been published in the advertising pages of the JOURNAL in previous issues and already considerable interest has been shown and questions of various kinds propounded and answered. The service necessarily has limitations; questions are asked which are unanswerable; questions dealing with controversial and uncertain topics cannot be positively and completely answered; information is desired which can only be obtained by the expenditure of money not now available for this purpose.

One of the chief functions of the Bureau is to put people who are in search of information in touch with people who, by training and experience, are in a position to adequately supply the needed facts. The office of the Association is peculiarly fit to perform this latter service, being more or less well acquainted with the lines of work which the members of the Association are engaged in.

It is of course apparent that the opinions rendered by this new Bureau are not to be taken as the official opinion of the American Public Health Association and this point is made plain to all inquirers. It is hoped that many will avail themselves of this service.

Another important but more uncertain step is the formation of a Health Employment Bureau for the members of the Association. Many, especially the younger members, have suggested that the Association might act as a clearing house for positions in the various branches of the health services, and be in a position to put employers in touch with men and women who by training and experience are qualified to fill positions as health officers, laboratory workers, social workers, public health nurses, statisticians, food and drug inspectors, epidemiologists, industrial hygiene workers, milk inspectors, etc.

With this in mind a letter has been addressed to all members of the Association acquainting them of the formation of this Bureau and inviting them, if they so desire, to register. A second letter is to be sent to as many potential employers as possible so that they may be stimulated to call on the office of the Association for lists of qualified persons when they have vacancies or new positions to fill.

Frankly this Employment Bureau is experimental in nature, but if members and employers will coöperate and give the plan a try out it can shortly be determined whether such a Bureau fills a need or not.